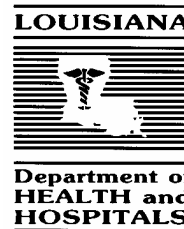




STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
Office of Public Health · Sanitarian Services



REQUEST FOR ENVIRONMENTAL LEAD INVESTIGATION

Please fill out Parts I, II, & III completely. Complete Part IV if residence is rental. The information is necessary for a proper investigation to be arranged, to complete documents needed for Medicaid reimbursement, and for a thorough inspection to help identify the source of lead poisoning.
FAX this form to information at bottom of page:

I. REQUESTER INFORMATION

Date of Request: ___/___/___ Requested by: ___ Telephone: ___
Provider name: ___ Fax: ___
Address: ___ City: ___ State: ___ Zip: ___
Parish: ___

II. PATIENT INFORMATION

Name: ___ Birth Date: ___/___/___ Sex: ___ Race: ___

Social Security No.: ___ - ___ - ___

For Medicaid referrals:

For OPH referrals:

Medicaid No. ___

Home
Address: ___
(Street and/or Apt.; P.O. Box not acceptable)

Rent ___ Own ___

City: ___ ZIP: ___ Phone: ___
Parent/Guardian Name: ___ Bus. Phone: ___

Other residence where patient spends time:

Occupant Name: ___ Phone: ___

Address: ___ City: ___ State: ___ ZIP: ___

Owner/Agent Name: ___ Phone: ___

Address: ___ City: ___ State: ___ ZIP: ___

III. PATIENT'S LEAD TEST HISTORY

- Provide initial test date and result. Circle type, either venous (V) or capillary (C):

Initial Test: Date ___/___/___ Result ___ ug/dl Type: C or V

- Provide most recent follow-up test dates and results. Circle type, either venous (V) or capillary (C):

Date ___/___/___ Result ___ ug/dl Type: C or V Date ___/___/___ Result ___ ug/dl Type: C or V

Date ___/___/___ Result ___ ug/dl Type: C or V Date ___/___/___ Result ___ ug/dl Type: C or V

- Attach copies of laboratory reports for all results listed.

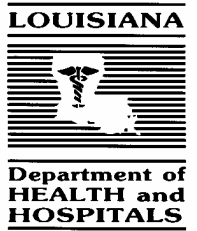
IV. RENTAL RESIDENCE INFORMATION

Owner/Agent Name: ___ Phone: ___
Address: ___ City: ___ State: ___ ZIP: ___

Other comments which may be helpful to the person performing lead investigation:



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REQUEST FOR ENVIRONMENTAL LEAD INVESTIGATION

OFFICE OF PUBLIC HEALTH • LOUISIANA CHILDHOOD LEAD POISONING PREVENTION PROGRAM
325 LOYOLA AVENUE • P.O. BOX 60630 • NEW ORLEANS, LOUISIANA 70160-0630
PHONE#: 504/568-5070 • FAX#: 504/568-7722
"AN EQUAL OPPORTUNITY EMPLOYER"